

June 19, 2007

REVISED

Los Angeles County Board of Supervisors

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To improve health through leadership, service and education.

TO:

Each Supervisor

FROM:

Bruce A. Chernof, M.D.

Director and Chief Medical Office

SUBJECT:

CORRECTIVE ACTION PLAN FOR IMMEDIATE

JEOPARDY

This is to provide you with a copy of the Plan of Correction submitted last night, as required, to the Centers for Medicare and Medicaid Services (CMS) to address CMS' findings of an immediate jeopardy situation during their survey in the Emergency Department at Martin Luther King Jr. — Harbor Hospital (MLK-H) on June 7, 2007 and reported to the hospital on June 12, 2007.

The basis for the immediate jeopardy finding focused on three main areas that CMS identified:

The first finding involved a patient who required transfer for a neurosurgical condition (neurosurgery is a specialty not available at MLK-H). We have established a transfer process for neurosurgical patients that calls for immediate transfer of patients with specific neurosurgical diagnoses to our other hospitals on a rotating basis. We have also established a monitoring plan to ensure that these transfers occur expeditiously.

The second finding was the performance of medical screening exams by physician's assistants. Although physician's assistants may perform medical screening exams as part of their scope of practice, they must be specifically credentialed for this. CMS' concluded that the credentialing process had not been completed as required under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). As a result of this finding, on June 12, 2007 MLK-H leadership directed California Emergency Physicians (CEP), the emergency department contract group, to immediately discontinue the use of physician's assistants for medical screening exams. These exams will now be performed only by the Emergency Department attending physicians. Additionally, MLK-H has discontinued the use of non-emergency physician's assistants as consultants in the Emergency Department.



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Each Supervisor June 19, 2007 Page 2

The third finding related to the timing of the medical screening exam. CMS found that there were delays in completing medical screening exams for patients presenting to the Emergency Department. To address this deficiency, the leadership in the Emergency Department, Nursing, and Hospital Administration redesigned the process by which patients are seen in the Emergency Department. That redesign includes co-locating nursing and registration staff in the triaging area (the initial point of contact with the patient) with physicians available so that an immediate medical screening can be completed. Further, training was provided to emergency room nurses to ensure that physicians are contacted if management is needed prior to the medical screening exam.

Another important finding was that there were repetitive delays in care related to coordination of services. In each instance, appropriate multidisciplinary interventions have been developed, and implemented with appropriate monitoring put in place. The hospital had previously added an additional hospitalist physician (inpatient doctor) to improve patient care and patient transfers.

These findings are not acceptable and are discouraging in the face of the enormous effort to reform the hospital. They are grave and must be cured or the facility cannot continue to operate. Each citation has a definitive corrective action with close monitoring. We believe that these corrective actions fully address CMS' concerns and that CMS will release the immediate jeopardy finding. We expect CMS to return to the hospital to validate these corrective actions within the next week.

If you have any questions or need additional information, please let me know.

BAC:jrc

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors



Los Angeles County **Board of Supervisors**

June 18, 2007

Gloria Molina First District

Second District

Yvonne B. Burke

Zev Yaroslavsky Third District

Don Knabe Fourth District

Michael D. Antonovich Fifth District Steven D. Chickering

Western Consortium Survey and Certification Officer

Centers for Medicare and Medicaid Services

Division of Survey and Certification 90 7th Street Suite 5-300(5W) San Francisco, CA 94103-6707

Dear Mr. Chickering:

IMMEDIATE JEOPARDY NOTICE: CCN 05-0578 - MARTIN LUTHER KING, JR. HARBOR HOSPITAL

Via Facsimile and United States Mail

Antionette Smith Epps Administrator

> Roger A. Peeks, MD Circl Medical Officer

Dellone Pascascio, RN Chief Nursing Officer Jr.-Harbor Hospital ("MLK-Harbor") in response to the Centers for Medicare and Medicaid Services' ("CMS") notice of intent to terminate the hospital's participation in the Medicare program because of immediate jeopardy to patient health and safety. Also attached are the various documents which are referenced in that Plan of Correction. Together these materials credibly demonstrate that the actions necessary to correct the immediate jeopardy to patient health and safety have been taken, such that CMS may remove its finding, and return to the terms of the Extension Agreement between the parties.

Attached for your consideration is the Plan of Correction prepared by Martin Luther King,

12021 S. Wilmington Avenue Los Angeles, CA 90059

> Tel: (310) 568-5201 Fax: (310) 638-8193

We have included in the beginning of the Plan of Correction a discussion of the five immediate correction actions outlined in Paragraph 1 of your June 12, 2007, letter, as well as the corrective action requested in Paragraph 2(a). The corrective actions discussed in the remainder of Paragraph 2 were incorporated into the responses to individual findings on the form 2567. More particularly, those responses include:

- Ceasing the use of Physician Assistants to provide medical screening examinations so that only licensed and credentialed physicians will perform those examinations (Paragraph 2(b)).
- Redesigning the triage/intake process so that the provision of medical screening examinations is assured (Paragraph 2(c)).
- Training its emergency room nurses to contact a physician whenever a patient awaiting care in the emergency room waiting area requires an Intervention for pain and not to wait for the screening examination.
- Implementing a new protocol to expedite the transfer of neurosurgical patients, and instituting a "no refusal" policy which requires sister county hospitals to accept such patients promptly. In addition, a mechanism was created to assure that high level clinical contacts are made whenever difficulty is encountered in transferring patients of any kind (Paragraph 2(e).

To provide compassionate, high quality care that improves the health status of our patients, their families and the communities we serve without regard to ability to pay



Steven D. Chickering June 18, 2007 Page 2

- Assigning a hospitalist to the emergency room to manage individuals who have internal medicine or certain other issues and are awaiting transfer or admission (Paragraph 2(d)). The assignment of a dedicated hospitalist, who will be in the emergency department 24/7, will assure that those patients receive the level of physician attention that they would if they were admitted, and also will help remove impediments to patient transfers. To assure the proper stabilization and treatment for patients who will continue to be managed by the emergency physicians, the emergency physicians have received reinforcing education on documentation, and continuing assessment responsibilities. A requirement for the physician to assess each patient at the beginning of each shift has been added and compliance is being monitored.
- Developing a monitoring plan for every corrective action, aside from individual counseling, generally involving daily or weekly chart review, and remediating deficiencies immediately if they continue. Moreover, the data from such monitoring is provided to the Performance Improvement Committee for its use and integration into MLK-Harbor's quality improvement program (Paragraph 2(g) and (h).)

No corrective actions have been implemented with respect to Patient P, as we believe that survey findings do not accurately reflect the actual care received by this individual. For example, those findings do not reflect that the patient received a medical screening examination within less than 2 hours of presenting to the emergency room, and that after receiving some diagnostic tests, including an ultrasound, she was seen by a specialist at 1600 hours. That specialist determined that the proper course of treatment was simply observation of the patient, which occurred while the patient was awaiting inpatient placement. That placement took place at 2000, not at 2100 as noted by the surveyor. Thus, the patient did timely receive the medical care appropriate to her clinical situation, and no corrective actions were necessary.

We note that, as of June 17, 2007, MLK-Harbor had not been provided with a key to identify the specific patients for whom there were findings. While it believes that it is has determined who most of the patients are, it reserves the right to develop and present additional corrective actions after CMS has disclosed the identity of those patients.

Notwithstanding that reservation, MLK-Harbor believes that significant, appropriate corrective actions have and will continue to be made which assure the safety and timely treatment of patients who present to its emergency department. Accordingly, we urge CMS to authorize a resurvey and to revoke its decision to terminate the hospital on June 30, 2007.

If you have any questions regarding the attached materials, please do not hesitate to contact me.

Sincerely.

Antionette Smith Epps

Administrator

ASE:rs

Attachments

c: Michelle Griffin Jackie Lincer

Bruce A. Chernof, MD

PRINTED: 06/12/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL- AND PLAN OF CORRECTION IDENTIFICATION NUMBER: - A BUILD		IULTIPLE CONSTRUCTION (X3) DATE S COMPL		URVEY TED			
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				Ī	OS ANGELES, CA 90059		
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREF	N.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-		(X5) COMPLETION
PREFIX.		SC IDENTIFYING INFORMATION)	TAG		REFERENCED TO THE APPROPRIATE D		DATE
	4.4	<u>, </u>			••		
A 000	INITIAL COMMENT	S	A	000	In response to the letter from the Cente	rs for	
	•				Medicare and Medicaid services (CMS) following actions were taken:	, the	
	The following reflec	ts the findings of the			REASSIGNMENT OF PHYSICIAN		
	Department of Heal				ASSISTANTS	lha ED	6/19/07
	investigation of EM	TALA complaint # 117102.			 The Chief Medical Officer notified Medical Director that physician as: 		0/13/0/
		· · · · · · · · · · · · · · · · · · ·			shall no longer perform medical so	reening	
		epartment of Health Services:			examination. (Attachment A) The I Medical Director informed each ph	:D vsician	ĺ
	Supervisor	Health Facilties Evaluator			assistant by e-mail that they may r	o longer	
		M.D., Medical Consultant			perform individual medical screeni examination.	ng	
		., Health Facilities Evaluator			COMPETENCY TO PERFORM MEDIC	AL	
	Nurse	·			b. See attached. (Attachment B)		
A 455		RATION OF EMERGENCY			NUMBER AND QUALIFICATIONS OF	STAFF]
	SERVICES				ASSIGNED c. Attached is a schedule of the numi		
	The consider must be	oe integrated with other			persons assigned to the emergence		
	departments of the			urgent care services, broken down by job			
		inoopitatii			classification and qualifications. (Attachment C)		
	This STANDARD is	not met as evidenced by:			NUMBER AND QUALIFICATIONS OF NEEDED	STAFF	;
		on, interview and record			d. Attached is a schedule of the num	per of full	
		falled to ensure the timely			time equivalents (FTE), needed in		
	provision of emerge	ncy services to meet the ampled patients presenting for			emergency department areas, incl their qualifications and scope of du		
	evaluation of an em	ergency medical condition. (assignment. (Attachment D)		
		E, F, G, H, I, J, K, L, M, N, O,			Historical volume data (e.g., cens	us) are	
	P, Q). The hospital i	ailed to:			used to establish the staffing requ	irements.	6/19/07
		es and procedures (P&P), by-			Nursing management has access uses an automated system to adi		0,13,01
		lations developed to ensure			required staffing on a shift-by-shift		
		examinations were conducted		ļ	The ED Medical Director maintain		
	by appropriately qua	hysicians saw patients when			schedule of the physician staffing for the Emergency Room and Adu		
	specialty consultation				Care and he/she is responsible for	r	Ì
		agment was provided in a			adjustments on a shift-by-shift bar Pediatrics Urgent Care Director o		
	timely manner,	·			Pediatrics maintains a schedule o	f the	
	4. Provide stabilizing	treatment for emergency			physician staffing needs and he/s responsible for adjustments on a		
	medical conditions.				shift basis. The Department of Wo		
		nsfer of individuals who			and Child's Health is independent		'
	required services no	t available at the hospital.		ļ	responsible for the services. Rost qualified personnel are maintaine		
	The cumulative effe	ct of these systemic failures		ŀ	responsible managers.		
<u>i</u>		ER/SUPPLIER REPRESENTATIVE'S SIGN	IATI IDE		TITLE	<u>_</u>	(X6) DATE

Any deficiency/statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

A 000 INITIAL COMMENTS The following reflects the findings of the Department of Health Services during Investigation of EMTALA complaint # 117102. Representing the Department of Health Services: JoAnn Daiby, R.N., Health Facilities Evaluator Supervisor Sentord Weinstein, M.D., Medical Consultant Barbara Melior, R.N., Health Facilities Evaluator Nurse A 455 482.55(a)(2) INTEGRATION OF EMERGENCY SERVICES The services must be integrated with other departments of the hospital. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the hospital failed to ensure the timely provision of emergency services to meet the needs of 17 of 60 sampled patients presenting for evaluation of an emergency medical condition. (Patients A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q). The hospital failed to: 1. Follow their policies and procedures (P&P) ylaws, rules and regulations developed to ensure medical sorteining examinations were conducted by appropriately qualified individuals. 2. Ensure on - call physicians saw patients when specially consultation was required. 3. Ensure pain managment was provided in a timely manner, 4. Provide stabilizing treatment for emergency medical conditions. 5. Ensure imely transfer of individuals who required services not available at the hospital. The cumulative effect of these systemic failures			I AND HUMAN SERVICES				FORM	APPROVED
NAME OF PROVIDER OR SUPPLIER LACAMARTIN LUTHER KING JR GEN HOSPITAL PRESIDENT AND INTERPRETATION OF ENERGENIES (CAN ADDRESS, CITY, STATE, 2P CODE 12021 S WILLIAMNOTON AVE LOS ANGELES, CA 30059 PRESENT AS ANGELES, CA 30059 PRESENT AS ANGELES, CA 30059 INITIAL COMMENTS A 000 INITIAL COMMENTS The following reflects the findings of the Department of Health Services during investigation of EMTALA complaint # 117102. Representing the Department of Health Services: Johnn Dalby, R.N., Health Facilities Evaluator Supervisor Schrörd Weinstein, M.D., Medical Consultant Barbara Mellor, R.N., Health Facilities Evaluator Nurse A 455 REVICES The services must be integrated with other departments of the hospital. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the hospital failed to ensure the timely provision of emergency services to meet the needs of 17 of 60 sampled patients presenting for evaluation of an emergency medical condition. (Patients A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, O, The hospital failed to: 1. Follow their policies and procedures (P&P), by laws, rules and regulations developed to ensure medical screening examinations were conducted by appropriately qualified individuals. 2. Ensure on - call physicians saw patients when specialty consultation was required. 3. Ensure pain management was provided in a timely manner, 4. Provide stabilizing treatment for emergency medical conditions. 5. Ensure timely transfer of individuals who required services not available at the hospital. The cumulative effect of these systemic failures	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	-			(X3) DATE SURVEY	
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 455	resulted in an immersafety of all patients the Emergency Dep 1530 hours on 6/7/0 notified of the immers. 1. Patient A present department) on 2/28 chief complaint of hwith occasional nau 1003 hours, the patient experiencing severe 10, on a scale of on most severe. The pay was located at the bwas relieved by vomassigned a triage ac policy, an acuity of the amajor illness or injure the action of 1250 hours. Patient area. Nurrevealed "steady gmm. A Glascow Correcorded (a standar reflecting speech, pay A score of 15 is normal count revealed 16.4 white count of 10,80 Morphine 4 mg was emergency department.	diate threat to the health and presenting for treatment at partment. At approximately 17, hospital administration was diate jeopardy. ed to the ED (emergency 8/07 at 0950 hours, with a eadache (comes and goes) sea. At the time of triage, ent described that he was a pain, that scored nine out of e to 10, with 10 being the attent described that the pain ack of his head and that it uiting. The patient was suity of three. Per hospital hree indicated the patient had ury, but was stable. ent A was taken to the sing assessment at that time ait ", pupil sizes of 33 and 31 ma Scale score of 15 was dized series of observations ain, orientation and speech. In all the side of the mergency of the emergency of the emergenc	A 4	155	Patient A – Immediate Actions ED nurse manager counseled the gave morphine 4 mg, but did not results of the medication adminis ED nurse manager educated all I registered nurses on the requirer record the results of medication administration. (Attachment C) Monitoring: Quality Improvement will review ten raselected charts weekly to assess doct of results of pain medication. Deficient addressed by the ED Nurse Manager. these reviews will be presented to the Performance Improvement Committee Executive Committee. Responsible Position: Chief Nursing Officer ED Nurse Manager	receive the stration. ED nents to endomly umentation cies will be Data from	6/19/07

		AND HUMAN SERVICES				FORM	: 06/12/2007 I APPROVED : 0938-0391
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A 455	At 1550 hours Patie report revealed, "sig with periventricular of subependymal eder heterogeneous mass with caudal extension fourth ventricle." The tumor measuring appropriate of the ventricular systemage of the brain which was not entered to the brain was not entered to the brain was not entered. This contumor mass in the resulting in intered to the brain was not entered to the brain was n	nt A was taken to CT. The inificant ventricular dilatation changes consistent with ma. This may be related to a is near the region of the pineal on to a level near the proximal proximately 2.5 cm. ernal circulation of fluid in the ernal swelling from dilatation stem of the brain. An MRI was recommended and infirmed the presence of a egion of the pineal gland. For the ventricular system of the ventricular system of the ventricular system of the ventricular system of the pineal gland. The for Los Angeles County. This g house for all Los Angeles dowever, there was no written physician to physician contact a clinical impression of "Acute ephalus" was recorded. A neurosurgery consult was son 2/28/07. Illation" handwritten by a (PA-C) identified that the evaluation at 1720 hours. ealed no neurological defects al status for Patient A. The emptoms of dizziness,		455	Patient A - Background The Medical Alert Center (MAC) coor transfer of patients from MLK-H to old facilities. The MAC receives clinical diregarding the patient, and uses it to a fro an appropriate site for that patient an appropriate site is identified, the M the MLK-H Patient Flow Manager (or appropriate, the physician) presents additional clinical data to the receiving instance, there were no available neurosurgical beds within the County MAC continued efforts to locate an appropriate placement, however, an appropriate placement could not be for before the patient left AMA. Immediate Actions: The emergency medicine attending physician) at MLK-H will identify requiring neurosurgical intervent based on specific guidelines. A protocol has been established require that all patients with specific neurosurgical clinical conditions timely transfer. (Attachment D) The ED physician or the Patient Manager will then contact the Micoperator, informing him/her of the patient needing transfer. MAC determines the accepting/refacility based on a rotation sched when it maintains. MAC will contact the Patient Flow Manager at the receiving facility regarding the need for the transfer. The Patient Flow Manager at the receiving facility regarding the need for the transfer. The Patient Flow Manager at the receiving facility regarding the need for the transfer on contact. Exphysician at MLK-H speaks direct neurosurgeon on call and arrange physician-to-physician contact. Exphysician at MLK-H speaks direct neurosurgeon, which are within the capability of the hospital and the of practice of the ED physician, wincorporated into the pre-transfer.	her lata search to Once MAC and where g. In this where g. In this ound ling (ED patients lion to ciffic receive Flow AC e eceiving dule where ges the ED city with cility if the eceiving line eceivin	6/14/07

care.

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	countersigned by the physician at 1900 he provided by the neurocord failed to contitue neurologist had. This finding was in values and regulation. The consultation red MAC transfer to a faservice" was required. A written order for "I facility was provided attending ED physic written documentation actually spoken with clinical situation of Preceiving hospital to A. Documents contained that Patien on 2/28/07. At 0350 hours on Marevealed that Patien (narcotic pain medic push). There was not ED physician had exneurological status of assessment perform that a neurocheck he headache pain of Patien (narcotic pain medic push). There was not ED physician had exneurological status of assessment perform that a neurocheck he headache pain of Patien (narcotic pain medic push). These nursing assessments indicated assessments in the indicated assessments in the indicated assessments in the indicated assessments in the indica	ed by the PA-C, was then e attending neurology ours. No written note was rology physician. The medical ain documented evidence that actually examined Patient A. riolation of the Medical Staff is requiring a written note. quest form revealed that "Stat acility with neurosurgical actually examined Patient state of the medical record at 1717 hours by the ian. There was, however, no on that any physician had or discussed the emergent ratient A with a proposed of facilitate transfer for Patient and in the medical record at A signed a transfer consent arch 1, 2007, nursing notes arch 1, 2007, nursing notes arch 1, 2007, nursing notes arch 1, 2007, nursing re- arch 1	A	455	Managers shall work with MAC to coordinate the transfer via ACLS transport. All appropriate and completed documents and imaging studies accompany the patient. If the ED physician determines the there is ANY impediment to the the he/she shall contact the Chief Me Officer at the receiving facility to facilitate the transfer. With respect to all patient transfer regardless of patient diagnosis, a transfer log is maintained by MLP Patient Flow Manager. A multidisciplinary group meets Mo through Friday to review all transithat have taken place based on the to resolve any issues identified frompleted transfers, to facilitate walting for transfers, and to update status of patients requiring transfer will be reviewed as part oprocess. MLK-H has identified a medical administrative Director in charge patient flow. This Patient Flow Menotifies the medical administrative Director whenever there are impediments to transferring a patincluding a neurosurgical patient, timely manner. The medical administrative Director will assure there is high-level physician controlled to expedite transfer. Monitoring: The Patient Flow Manager maintaing of patient Flow Manager maintaing of patient transfers. Data regare patient transfers is aggregated at presented to Performance Improve Committee, and then to the Executive Committee, and then to the Gove Body where appropriate.	shall nat ransfer, edical ers, in a ethe er, Any ending of this of anger e etient, in a ethat act with an elins a earding ed evement	

DEPARTMENT OF HEALTH	I AND HUMAN SERVICES				: 06/12/2007 APPROVED
CENTERS FOR MEDICARE	& MEDICAID SERVICES				. 0938-0391
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NAME OF PROVIDER OR SUPPLIER LAC/MARTIN LUTHER KING	IR GEN HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S-WILMINGTON AVE LOS ANGELES, CA 90059		
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Patient A remained of the medical reco was assessed by no received Dilaudid a headache pain. The included only a numintensity of pain but radiation, quality (as burning) and constate established hospitate failed to provide do physicians provided care. Except for the did not see the patient was nor were non-medic Nursing documentate deficits were noted. Sentence stated c/o when ambulating. The for the neurological At 1100 hours, Patient pain as being 9/10 (Dilaudid 1 mg. IV for order was obtained patient's medical redocumented evident evaluated the patient At 1150 hours, the patient and the patient of the patient o	in the ED until 3/3/07. Review of revealed that the patient cursing staff and continued to and morphine to control his enursing pain assessments nerical score to identify the failed to identify pain che, throbbing, sharp, dull, ancy as required by policy. The medical record cumented evidence that ED on-going assessments and initial consult, the neurologist ent again. Hours, nursing documentation and A complained of occipital ensity of pain was recorded as as not given pain medication eation interventions provided. Ition further identified that no However, the very next (complaint of) blurred vision he patient was not evaluated symptom by a physician. Lent A complained of increased ent identified the intensity of severe). The patient received or pain. Although a physician for the pain medication, the cord failed to contain ce that the ED physician	· A 4	Immediate Actions: The Interim Chief Medical Official! MLK Department Chiefs to dithe practice of using Physician for consultations will be performed attending physician. (Attachmen The ED Nurse Manager provide instructing all ED RNs regarding Physician Assistants cannot proconsults. (Attachment F) The Interim Chief Medical Office Instructed all Department Chiefs ensure that all attending physiciaware of the need to document consultations. (Attachment B). Monitoring: For the next 30 days, Monday the Friday, Quality Improvement state review ten randomly selected on medical records in the ED to val consults were performed by a pland that there is a consulting physical records in the ED to val consults were performed by a pland that there is a consulting photoe. The Chair of the relevant department will be notified of discrepancies for immediate consultints will be reviewed each walidate the presence of the attentions. Results of these audits will presented to Performance Improcommittee, which will review an corrective actions as necessary, data will then be reported to the Executive Committee and to the Governing Body as appropriate. Chair of the service will be notified discrepancies for corrective actions action. Position Responsible: Interim Chief Medical Officer	Iscontinue Assistants ED by an t E) d a letter d ovide er t to ans are their rough ff will ben idate that hysician ysician's rective rds of reek to andees be overnent d create This The ed of	5/14/07 5/19/07

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elsewhere. The "Leaving Hospital against Medical Advice" form was noted to be incomplete. In addition, the medical record failed to contain documented evidence that at the time of discharge, the patient had been assessed by a physician or had received discharge instructions. On 6/1/07 and 6/5/07 discussions with hospital staff regarding the care of Patient A and quality assurance, identified that the medical care received by Patient A was deemed to be appropriate. The hospital was requested to provide any and all documentation related to the patient's care as well as any quality of care reviews. A case review summary for Patient A was received at 1340 hours on 6/5/07. The case review confirmed a failure of the ED physicians to document assessments of Patient A for three days. Further review of the summary identified that there was a system wide plan to provide neurosurgical services and to streamline the transfer process of patients between hospitals. Patient A was a pending transfer to a higher level of care on 3/3/07 prior to leaving the hospital against medical advice. As of 6/7/07, the plan had not been implemented. 2. Patient B presented to the emergency department on 3/8/07 at 2242 hours, with a chief	Director provided ED physicians on and patient hand-off is." This directive acknowledgement and if the hand-offs on each of the hand-offs on each

	•	HAND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 06/12/2007 APPROVED : 0938-0391
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- A 455	transfer to another. AMA (against medicelsewhere. The "Le Advice" form was naddition, the medical documented evident discharge, the paties physician or had reconstructed by Patient appropriate. The hoprovide any and all patient's care as we reviews. A case review summed and the document assessmed at 1340 horeview confirmed and document assessmedays. Further review that there was a system of care on 3/3/07 pring against medical advice not been implement assessmed as a system of care on 3/3/07 pring against medical advice not been implement as a system of care on 3/3/07 pring against medical advice not been implement as a system of care on 3/3/07 pring against medical advice not been implement as a system of care on 3/8/00 pring against medical advice not been implement as a system of care on 3/8/00 pring against medical advice not been implement as a system of care on 3/8/00 pring against medical advice not been implement as a system of care on 3/8/00 pring against medical advice not be a system of care on 3/8/00 pring against medical advice not be a system of care on 3/8/00 pring against medical advice not be a system of care on 3/8/00 pring against medical advice not be a system of care on 3/8/00 pring against medical advice not be a system of care on 3/8/00 pring against medical advice not be a system of care on 3/8/00 pring against medical advice not be a system of care on 3/8/00 pring against medical advice not be a system of care of system of system of care of system of sys	hospital. Patient A signed out cal advise) to seek treatment aving Hospital against Medical oted to be incomplete. In all record failed to contain ce that at the time of int had been assessed by a ceived discharge instructions. Or discussions with hospital care of Patient A and quality dithat the medical care A was deemed to be spital was requested to documentation related to the II as any quality of care nary for Patient A was urs on 6/5/07. The case failure of the ED physicians to ents of Patient A for three of the summary identified tem wide plan to provide les and to streamline the patients between hospitals. ding transfer to a higher level or to leaving the hospital ice. As of 6/7/07, the plan had ed.	A	155	end of shift to provide appropriate information as part of the pass or Physicians were also reminded t document the patient's condition of shift and to document that the care was transferred to the oncomphysician by name. (Attachment I Mindel Speigel, MD provided reine education to all ED nursing leads the importance of patient advoce particularly as it relates to chair command and nurse-to-physician communication. Monitoring: Ten charts will be randomly revieweek to validate the documentate physician involvement at the chart shift and hospitalist involvement patient's awaiting admission or to Deficiencies will be addressed we department chair. Results of the will be provided to the Performant Improvement committee, which wand create corrective action as not the data will then be reported to Committee and to the Governing appropriate. Position Responsible: Chair, Department of Internal Medicine ED Medical Director	at change oatlent's ning) nforcing ership on acy, of newed each ion of nge of with ransfer, ith the se audits ace will review ecessary. Executive Body as	6/8/07

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. A 455	transfer to another I AMA (against medicelsewhere. The "Lea Advice" form was not addition, the medical documented evident discharge, the patient physician or had recommended evident discharge, the patient physician or had recommended evident discharge, the patient appropriate. The hosprovide any and all opatient's care as we reviews. A case review summareceived at 1340 hosprovide any and all opatient's care as we review confirmed at document assessmed days. Further review that there was a system to surgical service transfer process of patient A was a penior of care on 3/3/07 priagainst medical advinot been implemented. Patient B presented department on 3/8/0 complaint of stomacomment of stomacomment of stomacomment of the prisodes of the p	nospital. Patient A signed out cal advise) to seek treatment aving Hospital against Medical oted to be incomplete. In all record failed to contain ce that at the time of int had been assessed by a seived discharge instructions. Of discussions with hospital care of Patient A and quality dithat the medical care A was deemed to be spital was requested to documentation related to the III as any quality of care nary for Patient A was ure on 6/5/07. The case failure of the ED physicians to ents of Patient A for three of the summary identified term wide plan to provide es and to streamline the patients between hospitals. ding transfer to a higher level or to leaving the hospital ice. As of 6/7/07, the plan had ed.	A 455	Immediate Action — Patient A: The ED Nurse Manager counse RN who falled to record the attr pain as required by policy. The ED Nurse Manager conduct inservice training for all ED RNs regarding appropriate document pain assessments and the requisor reassessment of after medical Training was also provided on a documentation standards. (Attachment L) Monitoring: Tracer rounds (a process borrow recognized Joint Survey Commisurvey techniques) are conducted a week. On these rounds, staffice (among other things) medical revalidate pain documentation. Con actions will be initiated for all deficiencies. Aggregated results these audits are presented to the Performance Improvement Comwhich will review and create con actions as appropriate. This dat reported to Executive Committee the Governing Body as appropriate ED Nurse Manager ED Physician Director	ved from ission ed once review ecords to corrective a will be e and to	6/19/07

PRINTED: 06/12/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C R WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) * (EACH DEFICIENCY MUST BE PRECEDED BY FULL *** ** REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX (EACH GORRECTIVE ACTION SHOULD BE CROSS-COMPLETION TAG TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE - A 455 Continued From page 5 A 455 Immediate Actions - Patient A: 6/9/07 The ED Nurse Manager provided , transfer to another hospital. Patient A signed out. education for all ED RNs on discharge AMA (against medical advise) to seek treatment assessments. elsewhere. The "Leaving Hospital against Medical The ED Medical Director provided 6/5/07 Advice" form was noted to be incomplete. In education to ED MDs on the elopement and AMA policy, which includes the addition, the medical record failed to contain requirement to document the patient's documented evidence that at the time of level of capacity and the discussion with discharge, the patient had been assessed by a the patient regarding the risks and physician or had received discharge instructions. benefits. The education addressed that patients should be provided with instructions for follow-up care. On 6/1/07 and 6/5/07 discussions with hospital (Attachment K.) staff regarding the care of Patient A and quality assurance, identified that the medical care Monitorina: Ten randomly selected charts will be received by Patient A was deemed to be reviewed each week to validate completion of appropriate. The hospital was requested to discharge assessments by MDs and RNs. provide any and all documentation related to the Deficiencies will be discussed with the patient's care as well as any quality of care appropriate supervisor and results will be reported to Performance Improvement reviews. Committee, which will review and create corrective action as necessary. This data will A case review summary for Patient A was then be reported to the Executive Committee received at 1340 hours on 6/5/07. The case and to the Governing Body as appropriate. review confirmed a failure of the ED physicians to Position Responsible: document assessments of Patient A for three ED Nurse Manager days. Further review of the summary identified ED Medical Director that there was a system wide plan to provide neurosurgical services and to streamline the transfer process of patients between hospitals. Patient A was a pending transfer to a higher level of care on 3/3/07 prior to leaving the hospital against medical advice. As of 6/7/07, the plan had not been implemented. Immediate Actions - Patient B: 2. Patient B presented to the emergency 6/21/07 When patient B is specifically identified through a list provided by CMS, the nurse department on 3/8/07 at 2242 hours, with a chief who triaged this patient as a Level 3 will be

complaint of stomach pain for the past two weeks

. The nurse documented that the pain was in all

multiple episodes of nausea and vomiting today.

The patient identified her pain as being severe

four quadrants and radiated in to the patient's

back. It was documented that the patient had

triage level.

(Attachment M)

6/21/07

re-educated regarding the assignment of this

education to all ED RNs on the requirements to classify patients into a triage category that

The ED Nurse Manager will provide re-

is consistent with their presentation.

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A 455	with a score of 10 of that the pain she way and that nothing profurther described as pressure sensation, revealed that the pafacial grimacing. Vit Temperature 102.8 respirations 24 and No treatment was preduce the patient's The patient was ass Category or Level 3 having a stable major. Two hours later, at signs were re-assest temperature of 102 respirations 20 and as 118/62. The paties severe abdominal provided in the triag. At 0110 hours, the patient area. The severe pain, recorder received Tylenol 650 oxygen by mask. At described to have donursing documentat had no orders for caphysician assistant, three hours after she area of the ED. Patient B was not ev 0530 hours The paties after and was in many stable and the sever and the sever and was in many stable and the sever and the seve	as experiencing was constant by deviced relief. The pain was a aching and burning with a serient was moaning and had all signs were recorded as degrees, heart rate 97, blood pressure was 133/59. To vided to alleviate pain or fever at the time of triage. Signed a triage category of 3. patients are described as or injury or illness. 2040 hours, Patient B's vital seed. The patient had a 4 degrees, heart rate 102, blood pressure was recorded ent continued to experience ain. No treatments were e area. 20 and was placed on 0220 hours, the patient was ecreased pain. At 0400 hours, ion revealed that the patient ure and was waiting for the This was approximately a was taken to the treatment valuated by a physician until ent was described as having noderate to severe distress.	A 455	The ED Nurse Manager provide to all ED RNs on the requireme physicians of all patients waitin that are experiencing pain at a requires intervention based on policy. This information must be in the patient's medical record. L) A multidisciplinary team of ED and ED nurses reviewed the cuprocess. As a result of that revitriaging process was re-designifor a more timely medical screen This process includes the follow (Attachment O) The triage nurse and clerk are co-located striaging process and registration process of simultaneously. A physician will be avoir triaging area to perform medical screening expatients who are identeved 3. Upon complemedical screening expatients who are identeved 3. Upon complemedical screening expatients who are identeved 1 and 2 at the finite of arrival, the EL will be brought back emergency treatmentime of arrival, the EL will notify the physicipatient's arrival by plantent's pseudo namboard along with the priority number. The acknowledge the patinitialing the white boperform the medical examination as soon a patient's condition in RN will verbally notify will verbally notify will verbally notify.	ed education int to notify g to be seen level, which the pain e documented (Attachment obysicians rent triage ew, the ed to provide ning exam. ving: registration o that the the man occur railable to the minmediate aminations for tiffed as a tion of the amination, so clinical and treatments gement) will ed out. Intified as a lime of triage o the area. At the o charge nurse an of the earn of the area of the entry will ent by ard and will screening as possible. If so critical, the	6/21/07	
	The patient continue	ed to experience severe pain		physician.			

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A 455	throughout her ED s At 0950 hours, 11 h ED, the patient was	atient experienced severe pain	A 45	records will be reviewed daily to the time from triage to medical screening examination. Data from these daily reviews will be present the ED Collaborative Practice Committee and the process will be evaluated as a result of this revied Data will also be presented to the Performance Improvement Commonthly which will evaluate it, crecorrective actions as necessary, report it to the Executive Committee and as appropriate, the Governing	n nted to ne re- w. e nittee nate and tee	
•	the teenager present department (ED) at right abdominal pair nurse and determine 10 scale (10/10). His pulse 95 blood pressure was nurse documented to difficulty breathing. I had wheezing in his was 22, blood pressuration was 97% restless. There was he was left in the lob medication or other were provided. The the patient until he will hours later. At 0 pain was 8/10. At 0 and pain medication The pain medication thours; approximately presented to the ED were not available unapproximately 14 ho and 19 hours after P	ord for Patient D documented ated to the emergency 2355 hours on 2/12/07 with a. He was triaged by the ed to have pain of 10 on a 1-is oxygen saturation level was respirations were 18 and his 113/69. At 0040 hours the he patient was complaining of the nurse documented he lungs, his respiratory rate sure was 135/70, oxygen and that he was anxious and no documentation about why by of the ED. No pain pain relieving interventions re was no re-assessment of vas taken to a treatment area 0530 hours on 2/13/07 his 645 hours laboratory tests were ordered for Patient D. was administered at 0840 y 8 and 1/2 hours after he . The laboratory test results intil 2100 hours. This was urs after they were ordered atient D came to the ED. inented evidence the nursing		Body. Position Responsible: ED Medical Director ED Nurse Manager Immediate Actions – Patient D: The ED Nurse Manager provided to all ED RNs on the requirement physicians of all patients waiting that are experiencing pain, which interventions based on the pain performed process. As a result of that reviet triaging process was re-designed for a more timely medical screen examination. This process include following: The triage nurse and reclerk are co-located so triaging process and the registration process can simultaneously. A physician will be avaitinging area to perform medical screening examination, tests and (including pain manage be ordered and carried or Patients who are identificated in the patient's presentation, tests and (including pain manage be ordered and carried or Patients who are identificated in and 2 at the time in the patient	t to notify to be seen requires colley. hysicians and triage w, the d to provide ing les the egistration that the e n occur ilable to the n immediate minations for fied as a on of the mination, clinical treatments ement) will out, fied as a	

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	and nausea. The pathroughout her ED s	ttient experienced severe pain stay. ours after presenting to the		;	patient's arrival by placing the p pseudo name on the white boar with the patient's priority numbe physician will acknowledge the by initialing the white board and	rd along er. The patient	6/21/07
		transferred to surgery an exploratory laparotomy.			perform the medical screening examination as soon as possible patient's condition is critical, the verbally notify the physician. The ED Nurse Manager will provide education for all ED RNs on the nee reassess triaged patients in the ED room, based on their acuity and according	ie. If a e RN will re- d to waiting ording to	6/11/07
	the teenager present department (ED) at a right abdominal pain nurse and determine 10 scale (10/10). Hi 100%, his pulse 95 r	ted for Patient D documented ted to the emergency 2355 hours on 2/12/07 with He was triaged by the ed to have pain of 10 on a 1-s oxygen saturation level was respirations were 18 and his 113/69. At 0040 hours the			the triage policy number 114. (Attact A multidisciplinary team of Nursing, Pathology reviewed the current proc ordering, collecting and delivering la ED. The process was re-designed to the following: (Attachment O) o All laboratory orders are en the hospital computerized entry system. The Laborat Supervisor prints a list of constants.	nment P) ED and esses for bs for the include ntered in order ory	6/21/07
	nurse documented to difficulty breathing. It had wheezing in his was 22, blood press saturation was 97% restless. There was he was left in the lob medication or other pwere provided. They the patient until he was left until he was the was left in the lob medication or other pwere provided.	ne patient was complaining of the nurse documented he lungs, his respiratory rate sure was 135/70, oxygen and that he was anxious and no documentation about why by of the ED. No pain pain relieving interventions was no re-assessment of as taken to a treatment area			tests and reviews the orde list every hour. A laboratory runner goes t every 30 minutes collects specimens and follow-up o ordered specimens that ar available for retrieval. If lal not been received in the la one hour, the lab sends so to collect sample. The ED Nurse Manager pr re-education for all ED RN responsibility to follow-up of	o the ED the lab on any e not be have be within omeone covided s on their	
	pain was 8/10. At 06 and pain medication The pain medication hours; approximately presented to the ED, were not available ur approximately 14 hot and 19 hours after P.	1530 hours on 2/13/07 his 1545 hours laboratory tests were ordered for Patient D. was administered at 0840 of 8 and 1/2 hours after he The laboratory test results notil 2100 hours. This was curs after they were ordered atient D came to the ED. mented evidence the nursing		- 1	outstanding lab results. Monitoring: Ten randomly selected medical recommendation be reviewed daily to track the time from to medical screening examination. Duthese daily reviews will be presented ED Collaborative Practice Committed process will be re-evaluated as a result of the review. Data will also be presented the review. Data will also be presented the review of the rev	om triage lata from I to the e and the sult of led to the	

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and nausea. The pa throughout her ED : At 0950 hours, 11 h	atient experienced severe pain stay. Ours after presenting to the	A 455			- 0.
3. The medical rectine teenager preser department (ED) at right abdominal pair nurse and determine 10 scale (10/10). He scale (10/10). He scale (10/10). He scale (10/10). He scale (10/10) he patient until he with the local until he with the patient until he with the local until he with the	an exploratory laparotomy. ord for Patient D documented ated to the emergency 2355 hours on 2/12/07 with a. He was triaged by the ed to have pain of 10 on a 1-les oxygen saturation level was respirations were 18 and his 113/69. At 0040 hours the he patient was complaining of the nurse documented he lungs, his respiratory rate sure was 135/70, oxygen and that he was anxious and a no documentation about why aby of the ED. No pain pain relieving interventions re was no re-assessment of was taken to a treatment area 0530 hours on 2/13/07 his were ordered for Patient D. was administered at 0840 y 8 and 1/2 hours after he The laboratory test results ntil 2100 hours. This was urrs after they were ordered		assurance program, the time from the time of receipt of specimen wil tracked and trended and corrective based on the data will be recomme the Quality Improvement Committe reported to the Executive Committe Governing Body as appropriate. Ten randomly selected open medi- will be reviewed each week to trace from when the labs are ordered to quality improvement activities will immediately add reassess prolong with the RN assigned and the ED Manager for immediate actions. th are placed in the chart. Results of audits will be reported to the Perfo Improvement Committee which wil and create corrective actions as no	request to l be e actions ended to se, then ee and the cal records k the time the time the time ed times Nurse e results these rmance l review ecessary.	
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From parand nausea. The parand nausea. The parand nausea throughout her ED state and nausea to undergo 3. The medical recompany of the patient was services to undergo 3. The medical recompany of the patient was services to undergo 3. The medical recompany of the patient was services to undergo 3. The medical recompany of the patient was services to undergo 3. The medical recompany of the patient was services to undergo 3. The medical recompany of the patient (ED) at the patient was end determined to scale (10/10). His pulse 95 to blood pressure was not set the patient until he was set the patient until he was set to the patient unti	CORRECTION IDENTIFICATION NUMBER:	TONDER OR SUPPLIER TIN LUTHER KING JR GEN HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED, BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 455 Continued From page 7 and nausea. The patient experienced severe pain throughout her ED stay. At 0950 hours, 11 hours after presenting to the ED, the patient was transferred to surgery services to undergo an exploratory laparotomy. 3. The medical record for Patient D documented the teenager presented to the emergency department (ED) at 2355 hours on 2/12/07 with hight abdominal pain. He was triaged by the nurse and determined to have pain of 10 on a 1-10 scale (10/10). His oxygen saturation level was 100%, his pulse 95 respirations were 18 and his blood pressure was 113/69. At 0040 hours the nurse documented the patient was complaining of difficulty breathing. The nurse documented he had wheezing in his lungs, his respiratory rate was 22, blood pressure was 135/70, oxygen saturation was 97% and that he was anxious and restless. There was no documentation about why he was left in the lobby of the ED. No pain medication or other pain relieving interventions were provided. There was no re-assessment of he patient until he was taken to a treatment area ive hours later. At 0530 hours on 2/13/07 his bain was 8/10. At 0645 hours laboratory tests and pain medication were ordered for Patient D. The pain medication was administered at 0840 hours; approximately 8 and 1/2 hours after he oresented to the ED. The laboratory test results were not available until 2100 hours. This was approximately 14 hours after they were ordered and 19 hours after Patient D came to the ED.	DENTIFICATION NUMBER: DS0578 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	A BUILDING DONDER OR SUPPLIER TIN LUTHER KING UR GEN HOSPITAL STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOSA ANGELES, CA 90059 SUMMARY STATEMENT OF DEPICIENCIES GRACH DEFICIENCY MUST SEPPRECEIBLES YELL REGULATORY OR US DENTIFYING INFORMATION) Confinued From page 7 and nausea. The patient experienced severe pain throughout her ED stay. At 0950 hours, 11 hours after presenting to the ED, the patient was transferred to surgery services to undergo an exploratory laparotomy. At 0950 hours, 11 hours after presenting to the teenager presented to the emergency separtment (ED) at 2355 hours on 2/12/07 with girl abdominal pain. He was triaged by the rurse and determined to have path of 10 on a 1-10 scale (10/10). His oxygen saturation level was 100%, his pulse 95 respirations were 18 and his locd pressure was 113/69. At 0040 hours the rurse documented he had wheezing in his lungs, his respiratory rate was 2, blood pressure was 135/70, oxygen saturation evel was administered to the ED. Street ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LOSA ANGELES, CA 90059 PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 455 A 5719/0 A 57

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	laboratory test result interviews on 6/1/07 patient "fell through 4. a. The medical reshowed she preser department at 1030 vomiting, lethargy, chad a history of a vehydrocephalus and to the dentist. Docupresence of a shunt was being ruled out ordered. At 1230 the saw the patient to presence a neurolog the PA documented consultation. There evidence a neurolog the PA documented consultation with the evaluation and mandon an urgent basis to the shunt. Since ne available at the hosp transfer to another hemergency department was no documented was contacted or that transfer the patient to available. The patient to available the patient the patient of Patient C's shunt shows the patient we the tests were not per radiology department 1415 hours the patient.	e following-up to ensure the ts were obtained. During medical staff stated this	A 455	Immediate Action — Patient C: The Interim Medical Director direct chairs of the Department of Medic Women's and Child Health and Suphysician assistants will no longer conducting medical consultations (Attachment R) It was determined that there was need for neurosurgical transfer baresults on of the shunt series, but not clearly documented. The Chair Department of Women's and Child will counsel this physician on the ladocumentation of the change in traplan. Monitoring: For the next 30 days, Monday throquality improvement staff will revier andomly selected open medical rethe ED to validate that consults we performed by a physician and that consulting physician's note. The Cresponsible Department will be not discrepancies for immediate corrections. Ten randomly selected ED records patients who received a consult, in those who received consults on the weekends will be reviewed each we validate that all consults were performent will be notified of discrepancien's note. The Chair of the department will be notified of discrepancien's note. The Chair of the department will be notified of discrepancien's note. The Chair of the department will be notified of discrepancies actions. Results of the will be presented to Performance Improvement Committee, which will and create corrective action as near The data will then be reported to E Committee. Position Responsible: ED Medical Director Interim Chief Medical Director	ine, ingery that be in the ED. no longer a sed on the this was r of l's Health ack of clear eatment ugh Friday, ew ten ecords in tre there is a hair of the tified of ctive s of coluding e eek to ormed by a ulting responsible epancies nese audits ill review cessary.	6/19/07

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	laboratory test resu	re following-up to ensure the its were obtained. During 7 medical staff stated this	A	155	* *4.# ± *		্ত্ৰ কৰা কৰা -
	showed she present department at 1030 vomiting, lethargy, or had a history of a vohydrocephalus and to the dentist. Docupresence of a shundard shows a shundard	ecord for pediatric Patient C nted to the emergency hours on 3/20/07 for cough and congestion. She entriculoperitoneal shunt for began to feel bad after a visit umentation shows the malformation and/or infection A neurology consult was			Immediate Action – Patient C: o The patient received the shunt series ordered by the physician and we into the computerized order entry series 1239. The results of the shunt series available via the computerized radissystem at 1426.	as entered system at es were	6/18/07
	ordered. At 1230 the saw the patient to proceed to proceed an eurology the PA documented consultation with the evaluation and man on an urgent basis the shunt. Since neavailable at the host transfer to another lemergency department was no documented was contacted or the transfer the patient.	er physician's assistant (PA) erform the neurology was no documented gist saw the patient; however, I the recommended plan, in eneurologist, would be agement by a neurosurgeon to assess the functioning of eurosurgeons were not pital the PA recommended nospital. The child was in the nent until 2200 hours but there is evidence a neurosurgeon at efforts were made to to a hospital with this service ent was discharged to the			At 1435 the patient was transferrer radiology for an additional test, a control of the Nurse Manager of Women's at Health will provide inservice training proper documentation to avoid mis entries to all nursing staff. Monitoring: Ten randomly selected ED medical reconserviewed each week to assure clear documentation of patient care events. Represented to the Perfor Management Committee which will reviewed corrective actions as necessary, will then be reported to the Executive Corposition Responsible: Chief Nursing Officer	CT scan. Ind Child It is on the It is on	6/18/07
	of Patient C's shunt shows the patient w the tests were not p radiology departmen 1415 hours the patie	on 3/20/07 radiological tests was ordered. Documentation ent to x-ray at 1325 hours but erformed because the nt did not know what to do. At ent was again sent to the nt for the tests. The test					

. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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treatment until 1700 Patient C presented 5. The medical record he presented to the with left flank pain. Increase until three hot severity of his symptriage nurse documentated by a physical normal patient of the pevaluated by a physical normal patient of the was provided to Patient of the until 2100 he presented to the was provided to Patient he eloped from 1/07. 6. The medical record he came to the ED a "surgical consult for was triaged at 1845. When he was called hours later he did not documented the pat No medical screening performed to determined to determined to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the presented to the ED "spotting" during her was 2 months pregninged and a pregnance of the ED "spotting" during her was 2 months pregninged and a pregnance of the ED "spotting" during her was 2 months pregninged and a pregnance of the ED "spotting" during her was 2 months pregninged and a pregnance of the ED "spotting" during her was 2 months pregninged and a pregnance of the ED "spotting" during her was 2 months pregninged and a pregnance of the ED "spotting" during her was 2 months pregninged and a	allable for diagnosis and/or hours; 6 and 1/2 hours after to the ED. ord for Patient E documented ED at 1139 hours on 5/11/07 He was not seen by a triage urs later to determine the toms. At 1448 hours, the ented his pain was 8/10. At se documented the first full patient. The patient was ician's assistant. There was dence a physician saw Patient was not administered to hours, 9 and 1/2 hours after ER. No further treatment ient E and it was documented the ED at 0000 hours on 5/12 ord for Patient F identified that at 1812 hours on 5/11/07 for a (his) umbilical hernia." He and complained of 5/10 pain. It to the treatment area four of answer. At 0100 the nurse ient left without being seen. In the patient had a	A 455	Immediate Actions – Patient E: The ED Nurse Manager provided e all ED RNs on the requirement to n physicians of all patients walting to that are experiencing pain, which re intervention based on the pain policinformation must be documented in patient's medical record. (Attachme A multidisciplinary team of ED physe ED nurses reviewed the current triaprocess. As a result of that review, process was re-designed to provide timely medical screening examination process includes the following: The triage nurse and regicler are co-located so the triaging process and the process can occur simultate a proce	totify be seen equires cy. This the equires cy. This the ent S) sicians and age the triaging for a more on. This astration aneously, ble to the mediate nations for d as a level a medical ased on the ased on the ased on the ased and d as a of triage e a a. At the arge nurse f the g the on the white ent's priority ill by initialing perform the nation as ient's N will	6/19/07	

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A 455	treatment until 1700 Patient C presented 5. The medical receive presented to the with left flank pain. nurse until three how severity of his symptriage nurse documented to the personal process of	ailable for diagnosis and/or hours; 6 and 1/2 hours after I to the ED. ord for Patient E documented ED at 1139 hours on 5/11/07 He was not seen by a triage urs later to determine the toms. At 1448 hours, the ented his pain was 8/10. At se documented the first full patient. The patient was ician's assistant. There was lence a physician saw Patient was not administered to hours, 9 and 1/2 hours after ER. No further treatment ient E and it was documented the ED at 0000 hours on 5/12 ord for Patient F identified that at 1812 hours on 5/11/07 for a (his) umbilical hernia." He and complained of 5/10 pain. It to the treatment area four of answer. At 0100 the nurse ient left without being seen. In examination had been nine if the patient had a	A .		Monitoring: Ten randomly selected medical representation be reviewed daily to track the time to medical screening examination these daily reviews will be presented these daily reviews will be presented the process will be re-evaluated as a this review. Data will also be presented in the process of the commonth of the process of the corrective actions as necessary, to the Executive Committee and appropriate to the governing Bod Executive Committee concludes approcess is stable, the daily record convert to a monthly review. Position Responsible: ED Medical Director ED Nurse Manager	e from triage n. Data from nited to the ittee and the result of sented to the nititee evelop and report it as y. Once the that the	

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results were not avantreatment until 170 Patient C presented 5. The medical receive he presented to the with left flank pain. nurse until three he severity of his symptriage nurse documented eving the evaluated by a physical medication. Patient E until 2100 he presented to the was provided to Patient E until 2100 he presented to the was provided to Patient he eloped from 1/07. 6. The medical receive he came to the ED surgical consult for was triaged at 1845. When he was called hours later he did nours later he did nour	allable for diagnosis and/or- o hours; 6 and 1/2 hours after d to the ED. ord for Patient E documented ED at 1139 hours on 5/11/07 He was not seen by a triage urs later to determine the otoms. At 1448 hours, the ented his pain was 8/10. At se documented the first full oatient. The patient was sician's assistant. There was dence a physician saw Patient was not administered to hours, 9 and 1/2 hours after ER. No further treatment ient E and it was documented the ED at 0000 hours on 5/12 ord for Patient F identified that at 1812 hours on 5/11/07 for a (his) umbilical hernia." He and complained of 5/10 pain. It to the treatment area four of answer. At 0100 the nurse lient left without being seen. In gexamination had been hine if the patient had a	A 4	4	Immediate Actions – Patient F: A multidisciplinary team of ED phy ED nurses reviewed the current tri As a result of that review, the triag was re-designed to provide for a medical screening examination. Trincludes the following: The triage nurse and reg are co-located so that the process and the registral can occur simultaneously A physician will be availatriaging area to perform I medical screening examination, by patients who are identified. Upon completion of the screening examination, by patient's clinical present and treatments (including management) will be ord carried out. Patients who are identified to and 2 at the time of triation brought back to the emer treatment area. At the time ED charge nurse will physician of the patient's placing the patient's pset the white board along with patient's priority number. Physician will acknowled patient by Initialing the weard will perform the med screening examination as possible. If a patient's condition, the RN will verbaphysician.	sicians and age process ing process fore timely his process pr	
"spotting" during he was 2 months pregr triaged and a pregn positive. When the	r pregnancy. She stated she nant. At 2140 hours she was ancy test was documented as patient was called to the urs later, she had left without					

PRINTED: 06/12/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) _ DATE TAG TAG · A 455 Continued From page 9 the second of the A 455 results were not available for diagnosis and/or .1. J. 16 1 1 1 1 1 treatment until 1700 hours; 6 and 1/2 hours after Patient C presented to the ED. Monitoring: Ten randomly selected medical records will be reviewed daily to track the time from triage to 5. The medical record for Patient E documented medical screening examination. Data from he presented to the ED at 1139 hours on 5/11/07 these daily reviews will be presented to the ED with left flank pain. He was not seen by a triage Collaborative Practice Committee and the process will be re-evaluated as a result of this nurse until three hours later to determine the review. Data will also be presented to the severity of his symptoms. At 1448 hours, the Performance Improvement Committee monthly triage nurse documented his pain was 8/10. At which will evaluate it, develop corrective actions 1730 hours the nurse documented the first full as necessary, and report it to the Executive Committee and as appropriate to the governing assessment of the patient. The patient was Body. Once the Executive Committee evaluated by a physician's assistant. There was concludes that the process is stable, the daily no documented evidence a physician saw Patient record review will convert to a monthly review. E. Pain medication was not administered to Position Responsible: Patient E until 2100 hours, 9 and 1/2 hours after **ED Medical Director** he presented to the ER. No further treatment ED Nurse Manager was provided to Patient E and it was documented that he eloped from the ED at 0000 hours on 5/12 /07. The medical record for Patient F identified that he came to the ED at 1812 hours on 5/11/07 for a "surgical consult for (his) umbilical hernia." He was triaged at 1845 and complained of 5/10 pain. When he was called to the treatment area four hours later he did not answer. At 0100 the nurse documented the patient left without being seen. No medical screening examination had been performed to determine if the patient had a medical emergency condition. 7. The medical record for Patient G showed she presented to the ED at 2045 hours on 5/11/07 for "spotting" during her pregnancy. She stated she was 2 months pregnant. At 2140 hours she was

triaged and a pregnancy test was documented as positive. When the patient was called to the treatment area 2 hours later, she had left without

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE S COMPLI	URVEY ETED
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A 455	results were not avertreatment until 1700 Patient C presented. 5. The medical receive he presented to the with left flank pain. nurse until three hoseverity of his symptriage nurse documented eving assessment of the evaluated by a physical no documented eving. Pain medication Patient E until 2100 he presented to the was provided to Pathat he eloped from 1/07. 6. The medical receive he came to the ED surgical consult for was triaged at 1845. When he was called hours later he did no documented the pa No medical screen performed to determedical emergency. 7. The medical receive presented to the ED spotting during he was 2 months pregitinged and a pregninged and	ailable for diagnosis and/or of hours; 6 and 1/2 hours after of to the ED. Ford for Patient E documented of ED at 1139 hours on 5/11/07. He was not seen by a triage ours later to determine the otoms. At 1448 hours, the ented his pain was 8/10. At see documented the first full patient. The patient was sician's assistant. There was dence a physician saw Patient was not administered to hours, 9 and 1/2 hours after ER. No further treatment tient E and it was documented the ED at 0000 hours on 5/12 ord for Patient F identified that at 1812 hours on 5/11/07 for a (his) umbilical hernia." He is and complained of 5/10 pain. If to the treatment area four of answer. At 0100 the nurse tient left without being seen. In gexamination had been mine if the patient had a condition. Ford for Patient G showed she of at 2045 hours on 5/11/07 for r pregnancy. She stated she mant. At 2140 hours she was ancy test was documented as	A 4	155	Immediate Actions — Patient G: A multidisciplinary team of ED and ED nurses reviewed the corprocess. As a result of that reviraging process was re-design for a more timely medical screexamination. This process inclination in this process inclination in the process and registration process simultaneously. The triage nurse and clerk are co-located triaging process and registration process simultaneously. A physician will be a triaging area to performedical screening expatients who are ide level 3. Upon comple medical screening expatients who are ide level 3. Upon comple medical screening expatients who are ide level 1 and 2 at the will be brought back emergency treatmen time of arrival, the El will notify the physici patient's pseudo nan board along with the priority number. The acknowledge the patinitialing the white be perform the medical examination as soon a patient's condition RN will verbally notifiphysician. The ED Nurse Manager will coregistered nurse who did not examount of bleeding. The Chief Medical Officer notification and the physician. The Chief Medical Officer notification and the physician.	physicians urrent triage iew, the ed to provide ening udes the registration so that the the can occur vailable to the rm immediate raminations for tiffied as a etion of the ramination, so clinical and treatments gement) will ed out. hiffied as a time of triage to the tarea. At the O charge nurse an of the acing the ne on the white patient's physician will sert by ard and will screening as possible. If is critical, the y the unsel the valuate the ed the ED assistants	6/21/07
	"spotting" during he was 2 months preg triaged and a pregn positive. When the	r pregnancy. She stated she nant. At 2140 hours she was			registered nurse who did not e amount of bleeding. The Chief Medical Officer notifi	valuate the ed the ED assistants I screening	

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	condition existed. It is a condition existed. It is a commented evidented by the nurse documented evidented how much the patientaken to the treatment at 1730 hours. No passed the producted by a physician at 2235 homiscarriage. 8. Patient O came to 30/07 at approximate triaged at 1250 hours sharp pain of 10 on a intervention were initipatient was taken to later at 1815 and reconducted to the ED, general surgery consevaluate the acute at 1815 and reconducted to the ED, general surgery consevaluate the acute at 1815. The closed medical in the closed medical in the closed medical in the closed medical in the closed that the general surgery consevaluate the acute at 1815. The closed medical in the c	mine if an emergency She returned to the ED at '07 with a complaint of vaginal ays. She had 8/10 pain when at 1315. There was no ce the ED nurse evaluated at was bleeding. She was not not area until four hours later reain medication/intervention dical screening exam was sician's assistant. She of conception while having and was discharged by a curs after having had a of the ED of the hospital on 4/ ely 1207 hours. When as she identified she had a 1-10 scale. No pain diated in the triage area. The the treatment area five hours relived pain medication one that yell yell yell yell yell at the treatment area for hours relived pain medication one that yell yell yell at the treatment of the hospital at 1-10 scale. No pain diated in the triage area. The the treatment area five hours relived pain medication one that yell yell at the treatment of the condition of the patient of the record for Patient of revealed wever, review of the record for Patient of revealed for an exploratory at the ED of the hospital on 4/ ely 1207 hours. When the treatment area five hours the treatment area for the patient of the record for Patient of revealed for an exploratory at the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. When the ED of the hospital on 4/ ely 1207 hours. The treatment area five the ED of the hospital on 4/ ely 1207 hours. The treatment area five the ED of the hospital on 4/ ely 1207 hours. The treatment area the ED of the hospital on 4/ ely 1207 hours. The treatment area the ED of the hospital on 4/ ely 1207 hours. The treatment area the treatment area the ED of the hospital on 4/ ely 1207 hours. The treatment area the treatment area the treatment area the treatment area the tre	Α.	455	Monitoring: Ten randomly selected medical be reviewed daily to track the tin to medical screening examinating these daily reviews will be pressed. ED Collaborative Practice Comprocess will be re-evaluated as this review. Data will also be preperformance Improvement Commonthly, which will evaluate it, corrective actions as necessary to the Executive Committee and appropriate to the governing Bo process is stable, the daily reconvert to a monthly review. Position Responsible: ED Medical Director ED Nurse Manager Interim Chief Medical Officer	me from triage on. Data from ented to the mittee and the a result of essented to the mittee develop , and report it is as dy. Once the	

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	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU AN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		TED				
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LAC/MA	PROVIDER OR SUPPLIER	IR GEN HOSPITAL		13	REET ADDRESS, CITY, STATE, ZIP CODE 2021 S WILMINGTON AVE OS ANGELES, CA 90059		
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A 455	being seen to deter condition existed. 1306 hours on 5/14 bleeding for three diriaged by the nurse documented evidenhow much the patie taken to the treatment at 1730 hours. No was given. Her me conducted by a phy passed the product an ultrasound done physician at 2235 himiscarriage. 8. Patient O came 30/07 at approximat triaged at 1250 hours sharp pain of 10 on intervention were in patient was taken to later at 1815 and rehour later. Approximater at 1815 and rehour later. Approximate the acute of the ED general surgery cornevaluate the acute of the ED general surgery c	mine if an emergency She returned to the ED at //O7 with a complaint of vaginal ays. She had 8/10 pain when at 1315. There was no nee the ED nurse evaluated ant was bleeding. She was not ent area until four hours later pain medication/intervention dical screening exam was sician's assistant. She s of conception while having and was discharged by a ours after having had a to the ED of the hospital on 4/ tely 1207 hours. When rs she identified she had a 1-10 scale. No pain itiated in the triage area. The othe treatment area five hours received pain medication one mately 20 hours after she of at 0830 hours on 5/1/07, a nsultation was provided to abdominal pain for Patient O. I record for Patient O revealed exercised surgery consultation by a Physician Assistant (PA- documentation to reveal that ency consultations by a PA-C consistent with the rules and dical staff bylaws of the edentialing process of a mid- he patient was admitted to the largery for an exploratory	, A 4	155	Corrective Actions — Patient O: The Chief Medical Officer notified Medical Director that physician as no longer perform medical screen examinations. (Attachment A) The ED Medical Director informed physician assistant, by e-mail, that no longer perform medical screen examinations. The ED Nurse Manager provided all ED RNs on the requirement to physicians of all patients waiting to that are experiencing pain which rintervention based on the pain pol information must be documented in patient's medical record. A multidisciplinary team of ED phy ED nurses reviewed the current the process. As a result of that review process was re-designed to provid timely medical screening examination process includes the following: (After the process can occur simulate the process c	the ED sistants shalling I each they may ing education to notify o be seen equires licy. This in the vicians and lage that the registration hat the registration taneously, able to the immediate inations for ed as a level me medical en medical tests g pain	

PRINTED: '06/12/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX COMPLÉTION: PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-DATE: REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) ---TAG TAG" Patients who are identified as a A 455 Continued From page 10 A 455 Level 1 and 2 at the time of triage will be brought back to the being seen to determine if an emergency . . . remergency treatment area. At the condition existed. She returned to the ED at time of arrival, the ED charge nurse 1306 hours on 5/14/07 with a complaint of vaginal will notify the physician of the patient's arrival by placing the bleeding for three days. She had 8/10 pain when patient's pseudo name on the white triaged by the nurse at 1315. There was no board along with the patient's priority documented evidence the ED nurse evaluated number. The physician will how much the patient was bleeding. She was not acknowledge the patient by initialing the white board and will perform the taken to the treatment area until four hours later medical screening examination as at 1730 hours. No pain medication/intervention soon as possible. If a patient's was given. Her medical screening exam was condition is critical, the RN will conducted by a physician's assistant. She verbally notify the physician. The Interim Medical Director instructed all passed the products of conception while having Department Chairs to ensure that their an ultrasound done and was discharged by a physicians provide timely consultation for physician at 2235 hours after having had a patients in the Emergency Department miscarriage. Monitoring: Ten medical records will be reviewed daily to 8. Patient O came to the ED of the hospital on 4/ track the time from triage to medical screening 30/07 at approximately 1207 hours. When examination. In addition, these records will be triaged at 1250 hours she identified she had reviewed to determine whether consultations were provided timely. Data from these daily sharp pain of 10 on a 1-10 scale. No pain reviews will be presented to the ED intervention were initiated in the triage area. The Collaborative Practice Committee and the patient was taken to the treatment area five hours process will be re-evaluated as a result of this later at 1815 and received pain medication one review. Data will also be presented to the Performance Improvement Committee hour later. Approximately 20 hours after she monthly, which will evaluate it, develop presented to the ED, at 0830 hours on 5/1/07, a corrective actions as necessary, and report it general surgery consultation was provided to to the Executive Committee and as evaluate the acute abdominal pain for Patient O. appropriate to the Governing Body. Once the Executive Committee determines that the The closed medical record for Patient O revealed process is stable, the daily record review will "Dr."at bedside. However, review of the record convert to a monthly review. revealed that the general surgery consultation Tracer rounds are conducted once a week, On o had been provided by a Physician Assistant (PAthese rounds, staff reviews medical records to C). There was no documentation to reveal that validate pain documentation and nursing

provision of emergency consultations by a PA-C

was approved and consistent with the rules and

hospital, and the credentialing process of a mid-

level practitioner. The patient was admitted to the

regulations, the medical staff bylaws of the

hospital and had surgery for an exploratory

laparotomy ventral hernia repair.

responses to pain of patients in waiting area.

Improvement Committee, which will evaluate it and develop corrective actions as necessary

and report it to Executive Committee and the

Corrective actions will be initiated for all

deficiencies. Aggregated results of these

audits are presented to the Performance

Governing Body as necessary.

PRINTED: 06/12/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 050578 06/07/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12021 S WILMINGTON AVE LAC/MARTIN LUTHER KING JR GEN HOSPITAL LOS ANGELES, CA 90059 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS--- (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) A 455 Continued From page 11 A 455 Corrective Action - Patient P: See cover letter. : IT 9. Patient P came to the emergency department on 4/30/07 at approximately 1000 hours for the evaluation of a known ectopic pregnancy. At 1800 hours an nursing interval note indicated that Corrective Action - Page Q: A multidisciplinary team of ED physicians and the emergency department was unable to admit ED nurses reviewed the current triage Patient P to the hospital "due to short staff". process. As a result of that review, the triaging There was no nursing or physician documentation process was re-designed to provide for a more to indicate intervention to evaluate the appropriate timely medical screening examination. This process includes the following: (Attachment O) provision of care for Patient P. The patient was The triage nurse and registration admitted to an in-patient bed at 2100 hours. clerk are co-located so that the triaging process and the registration 10. Patient Q came to the emergency process can occur simultaneously. A physician will be available to the department of the hospital at approximately 2040 triaging area to perform immediate hours on 4/30/07. Patient Q stated that he was medical screening examinations for seeing aliens and devils. He was dropped off by patients who are identified as a level his family. At triage the nurse documented the 3. Upon completion of the medical screening examination, based on patient had suicidal ideations with a plan to drink the patient's clinical presentation, bleach. The nurse triaged the patient as a tests and treatments (including pain category 3 (stable major illness) and left him in management) will be ordered and the lobby for over one hour before taking him carried out. Patients who are identified as a back to the treatment area. Patient Q was Level 1 and 2 at the time of triage evaluated by the emergency department will be brought back to the physician at 0500 hours on 5/1/07, a delay of emergency treatment area. At the almost 7 hours. No psychiatric treatment or time of arrival, the ED charge nurse will notify the physician of the consultation was provided. Approximately 6 patient's arrival by placing the

patients.

hours later, at 1055 hours on 5/1/07, an

evaluation by a mental health professional was

requested. The mental health evaluation was not

completed until four hours later at 1500 hours; 17

hours after he presented to the ED. The mental

Patient Q was discharged home at 2100 hours without receiving treatment. The hospital thus failed to ensure that the provision of emergency services had been provided within timeframes consistent with acceptable safety for psychiatric

being suicidal at the time of the evaluation.

health professional determined the patient denied

patient's pseudo name on the white

board along with the patient's priority

acknowledge the patient by initialing

the white board and will perform the

medical screening examination as

soon as possible. If a patient's

condition is critical, the RN will verbally notify the physician.

number. The physician will

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					•	FORM	APPROVED 0938-0391	
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LAC/MARTIN LUTHER KING JR GEN HOSPITAL			l	LOS ANGELES, CA 90059				
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			 -		monitoring:			
A 455	on 4/30/07 at approve valuation of a know 1800 hours an nursi the emergency department P to the hos. There was no nursir to indicate interventi provision of care for admitted to an in-partment of the hours on 4/30/07. Patient Q came department of the hours on 4/30/07. Provided the family. At triage patient had suicidal bleach. The nurse category 3 (stable must family. At the emphysician at 0500 hours later, at 1055 evaluation by a men requested. The mer completed until four hours after he present health professional of being suicidal at the Patient Q was dischwithout receiving trefailed to ensure that	o the emergency department ximately 1000 hours for the vin ectopic pregnancy. At ing interval note indicated that artment was unable to admit pital "due to short staff". In gor physician documentation on to evaluate the appropriate Patient P. The patient was tient bed at 2100 hours. to the emergency ospital at approximately 2040 ratient Q stated that he was evils. He was dropped off by the nurse documented the ideations with a plan to drink triaged the patient as a rajor illness) and left him in the hour before taking him in the area. Patient Q was ergency department ours on 5/1/07, a delay of psychiatric treatment or oxided. Approximately 6	Α.	455		m triage to addition, etermine ed timely be Practice re Data will nos as cutive ne ve eess is		
	consistent with acce	ptable safety for psychiatric						

patients.

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on 5/30 or Urgent Ca Each patie Physician medical re been evaluurgent Ca supervision department ensure that practitione record for timed entry physician. approxima admitted the provided be reviewed, the rules and redefineating was no doe privileging competent examination.	ats H, I, J, 5/31/07 are area o ent was exacted, treated, treated, treated, treated, treated, the had been pation by the exact pation at a medy 1030 at a medy the PA-there was egulation is under the provens in the mine if an area of the provens in the mine if an area of the provens in the mine if an area of the provens in the mine if an area of the provens in the mine if an area of the provens in the mine if an area of the provens in the mine if an area of the provens in the mine if an area of the provens in the mine if an area of the provens in the prove	K, L, M and N were evaluated at triage and sent to the if the emergency department. Camined and treated by a part and treated by a part and discharged from the hospital prior to the time of toring by the emergency and The facility failed to upervision of a mid-level on provided. The medical entialled to demonstrate a mergency department terviewed on 5/31/07 at hours, the PA-C readily lical screening examination, C was unsupervised. When no documentation in the s, or medical staff by laws vileges for the PA-C. There ion present in the PA-C assess their qualifications and ide medical screening emergency department and/emergency medical	A	155	Corrective Action — Patient H,I,J,K,L, The Chief Medical Officer notified the Medical Director that physician asson longer perform medical screening examinations. (Attachment A) The ED Medical Director informed a physician's assistant, by e-mail, the notion longer perform medical screening examinations. Monitoring: Ten randomly selected medical recreviewed daily to ensure that the miscreening exam is documented by a attending physician. Data will be protented to the Executive Committee. Once the Executive Committee concludes the process is stable, the daily record reconvert to a monthly review. Position Responsible: ED Medical Director	he ED istants shall ig each at they may ig ords will be edical an esented to imittee and the at the	6/12/07 -